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RUEKJCS/SECDEF WASHINGTON DC//ISA/NESA
RUEKDIA/JOINT STAFF WASHINGTON DC//J2/J5
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UNCLAS SECTION 01 OF 02 DHAKA 001035

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E.O. 12958: N/A
TAGS: [TBIO](#) [KFLU](#) [PREL](#) [PGOV](#) [BG](#)
SUBJECT: NILFAMARI DISTRICT OUTBREAK CASE STUDY

REF: (A) DHAKA 976, (B) DHAKA 776, (C) DHAKA 743, (D) DHAKA 730 AND

PREVIOUS

11. (SBU) SUMMARY. The Nilfamari district first confirmed an outbreak of H5 in mid-April, 2007. United Nations Food and Agriculture Organization representatives studied the GOB response in that district and identified both positive and negative features, ranging from local villagers self-identifying a suspected outbreak and activating veterinary alert apparatus on the plus side, to improper culling techniques and a continuing lack of coordination with human health efforts on the negative side. Many of the FAO observations draw attention to epidemiological questions that seem to remain unanswered, and in some cases, unasked. END SUMMARY.

12. (SBU) BACKGROUND ON NILFAMARI. Nilfamari is located in the far northwest corner of Bangladesh; it borders on the Bangladesh districts of Panchagarh to the west, Dinajpur and Rangpur to the south and Lalmonirhat to the east, and the Indian state of West Bengal to the north. When Nilfamari first confirmed the presence of H5 in mid-May it did not border on an infected district; however Dinajpur and Rangpur have both subsequently reported H5 outbreaks. United Nations Food and Agriculture Regional Coordinator Dr. Mohinder Oberoi and National Consultant Dr. Abul Kalam visited Nilfamari June 4 Q 7 to make firsthand observations about the GOB response in this district.

13. (SBU) POSITIVE INDICATORS FROM NILFAMARI. The case study reported that the local veterinary officials responded quickly after local Non-Government Organizations reported the suspected disease based on villagers recognizing signs and symptoms. The villagers report knowing about avian influenza and its potential human health risks from TV, radio, and UNICEF posters. The villagers informed local NGO workers about sick chickens, die-offs, and symptoms such as swollen heads, bluish wattles and combs, and reddening of shanks; the NGO workers then forwarded the information to local veterinary officers. Media also report that local administrators acted quickly and ingeniously to quell panic in surrounding areas by utilizing the loudspeaker systems of local mosques to make announcements about bird flu.

14. (SBU) AND THE NEGATIVES. Generally, strict adherence to critical procedures, such as disinfection and quarantine, remains problematic and inconsistent. Specific problems identified in the case study include disposal of culled birds by door-to-door

collection, putting the carcasses in bags and piling them in a van for transport to burial sites. These burial sites are unmarked, and in one case a corner of a school playground was used and in another a farmer's field where crops have subsequently been planted. The human response also was not coordinated with the veterinary effort; despite several people in one village developing flu-like symptoms and recovering, there has been no human health monitoring. With respect to the Field Disease Investigation Laboratories at Gaibandha and Joyphurhat, discussion between the FAO officers and laboratory workers revealed serious questions about technical capacity, and the observation that serious underreporting may be occurring. The underreporting stems from lab workers being allowed to use only one test strip per sample, and declaring the sample negative based on the results of that one flu detect test even if true clinical and post-mortem signs are present.

15. COMMENT. The ability of villagers to correctly identify the threat posed by signs and symptoms, and to effectively utilize various NGO avenues to convey that information to activate the district veterinary apparatus's response, should be commended. The NGOs involved should be encouraged to continue reporting unusual mortalities, and the education campaign through TV, radio and print media has had a clear, positive effect. A coordinated, rigorous response still seems to be lacking, laboratory capacity remains low, and effective epidemiological investigation, if occurring, has not produced demonstrable results. Also, since the GOB response seems to follow reported and suspected outbreaks without engaging in testing populations apart from those in proximity with or having obvious connection vectors to outbreak areas, the question is whether the GOB can ever really get ahead of the outbreak. The full text of the case study and other information is available on post's avian influenza webpage at:
<http://10.208.1.12/dhkavianinfluenza.htm>.

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